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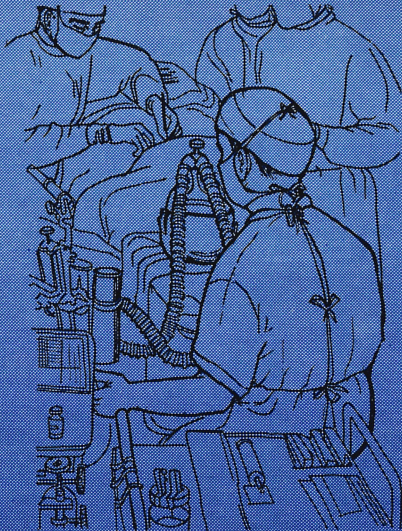
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Patron for Anesthetists



by Philip Cortese, M. D.

WHO was the first martyr-saint of North America? A medical missionary — a French surgeon who volunteered his service when told of the need for a doctor among the Iroquois Indians. He and seven other Jesuits were canonized in 1930 for giving their lives to the evangelization of the Great Lakes area of the United States in the mid-seventeenth century.

Today, this surgeon is hailed by many as Patron Saint of Anesthetists although the science of Anesthesiology was virtually unknown in the 17th century when he died. Seemingly no anesthetist has as yet achieved the nobility of Saint-hood. A group of anesthetists in Wausau, Wisconsin found this out when their chaplain, Rev Francis Przybylski, approached Bishop Treacy of La Crosse and asked him how they could get a patron for their specialty. Since the field was so new, they should adopt one of their own and then the saint would adopt them, such was the advice they received. This was in 1951. St. Rene Goupil, physician, surgeon and the first American martyr was chosen and adopted by

this group because his life and death seemed admirably suited to their needs and ideals. Groups in other states and even in Canada, Italy, France and England, took up the idea and a special prayer to St. Rene as Patron of Anesthetists was composed by the anesthetists themselves.

This writer is inclined to wish that the Patron Saint of Anesthetists would be given at crucial times special powers of actual consultation. It is awesome to suspend a fellow man between unconsciousness and death; and during this time a little supernatural hint or two would sometimes be uniquely appreciated. Within recent years anesthesia was often a simple matter of dropping ether on a mask and controlling the subsequent depression of the patient. To meet new needs and overcome inadequacies, many different apparatus and techniques have been devised. At present the anesthetist not only controls consciousness but also secures the airway, regulates the administration of oxygen and the elimination of carbon-dioxide, controls muscular relaxa-

ation and respiration, exerts partial control over the circulation through drugs which raise or lower blood-pressure, and in special instances controls the body need for oxygen through hypothermia (the lowering of body temperature). It would certainly save on gadgets and hard work if in doing this the patron saint could be consulted. However, to face reality, the patron saint can serve as our model, obtaining for us the special graces we need to expend our own efforts through our intelligence and will power.

The hero of this little article is St. Rene Goupil, S.J. — born in 1607 at Anjou, France. Originally he had to leave a Jesuit novitiate because of ill health, so he became a physician of the body instead of the soul. He heard of missions in new France (Canada) and decided that his medical skill would be of greater service there. St. Isaac Jogues says of St. Rene: "He crossed over to New France to serve the Society — he submitted himself entirely to the direction of the Superior of the Mission who employed him for two whole years in the meanest employment of the house which he discharged with great humility and charity. They also gave him the care of tending the sick and wounded in the hospital, a post he filled with great ability for he was skilled in surgery, and with equal love and charity always beholding our Lord in the person of his patients."

It was from Jogues that he learned of the medical needs of the Huron missions — the sicknesses, the famine. He begged to be allowed to go to the land of the Hurons with Jogues. A band of Iroquois trapped them near the river on the way. Eight weeks of torture followed for himself and

Jogues. The savages tore off his finger nails, crushed his bleeding fingers between their teeth, showered blow after blow on him with their sticks. He was forced to run the gauntlet between two rows of Iroquois in four villages on the terrible trek back to camp. However when one of the savages fell sick he employed his surgical skill with much patience and charity. Later on they cut off his right thumb — at the first joint (without an anesthetic). Finally, because he had made the sign of the cross on a child's head, he was hit on the head with a hatchet and thus joyfully gave up his life to God, a martyr for the Faith.

Prayer to St. Rene

"St. Rene, patron of true anesthetists who imitated the Divine Physician in so wondrous a manner, intercede for me engaged in this ministry to the sick. Gain for me proficiency, faith, understanding, love, and courage in my vocation; and help me to see Christ in the patients whom it is my privilege to serve. Plead for me at the throne of the Divine Physician that I may be able to devote my entire energy to the task at hand and be free from distraction, deceit, worldliness and unworthy emotion. Seek for me the confidence, the self-reliance and the tact to do that which is right and necessary without hesitation, despite whatever difficulties may arise during the course of this anesthetic. Obtain for me the moral courage to work always in accord with God's Holy Law. Grant that in my small way, I may serve not only to alleviate pain but also to draw myself and others to the love of God. Amen.



(Dr. Philip Cortese, doctor of Medicine and Anesthesiology, is on the Staff of St. Mary's Hospital, Amsterdam, N. Y. He spends much of his free time making the needs of Medical Missions known.)

IN CONQUEST OF *Leprosy*

Sister M. Elise, M.D.



This woman did not come to us in time.

OUR hospitals in India and Pakistan have always treated leprosy. We could not have avoided it, for leprosy is everywhere. You meet it on the streetcorners and in the railway stations: crippled beggars hold up their stumps of hands to the passersby, to invoke their generosity. You meet it in the ordinary walks of life: your shoemaker, or your washerman, or even your milkman, may at any moment turn out to be infected with leprosy. You see it in the dispensaries: often accidentally, in the course of examining patients who come in with other complaints. Rarely do they show you the early signs of leprosy, the white skin patches that have no feeling in them. They know them only too well, for leprosy is familiar to most Indians. But segregation (in India) has never been enforced, proper treatment has always been at a premium, and their fatalistic outlook on life has usually kept them from seeking early diagnosis and aid. "Jo hoga, so hoga," "What is to be, will be," is the answer to our warnings.

We used to hate and dread these early cases of leprosy. Not out of

fear or aversion, for the danger is minimal and these patients looked perfectly normal at that time, but because there was little we could do for them. The priests used to send in their Christians or catechumens from the mission station, with a note saying: "Sister, please look this man over. *Is it*, or isn't it?" They would not even mention the name of the disease, fearing that the patient would get someone to read the letter (a common practice in India!), and refuse to be examined. We would turn the man around in a good light, stick a pin into the suspicious patches, make sure that he could not feel it, despite his protests to the contrary, and then have to write back: "I'm afraid it is. Please try to get him to come back for chaulmoogra injections once a week. We'll do the best we can." Admission to the hospital was out of the question. The man would not have stayed, and how could we tie up our precious few hospital beds for an illness that did not require hospitalization, and would last for years and years, even with the best of care?

Segregation in a country the size

of India, with approximately one million leprosy patients and only 73,000 per 1,000 hospital beds for all diseases, is obviously out of the question. So a certain amount of isolation technique must be taught to each patient that comes to us. If he can learn to keep his dishes separate (which is a common custom in India anyway), to sleep alone and care for his own bedding, and above all to avoid all contact with children, he is no great menace to his family or neighbors. There is no reason why he cannot continue to earn his living, so long as it has nothing to do with food, for he does not really feel ill, the disease progresses very slowly, and with decent food and good care may even be arrested.

The old-fashioned treatment was the difficulty. Chaulmoogra oil injections are painful, not just at the moment, but for many days following. Results are neither quick nor obvious. Weekly trips to the hospital cost money and time, both of which are needed for better purposes, in the estimation of the patient. It was almost impossible to get these people to come to the dispensary regularly, until they were so far gone that there was very little hope of improvement. Other treatment centers reported the same situation. Most of the patients were far-advanced, unable to make a living, dependent on charity. The early cases, those who could have been arrested with persistent care, either did not show up or did not persevere. Contacts and suspects almost never responded to attempts at early diagnosis.

That is how things stood in India, until DIASONE appeared. This drug literally opened a new era in the treatment of leprosy.

I had read reports of Carville Leprosarium in Louisiana, and had made up my mind to try it out as soon as possible, but the high cost of the medicine deterred us for a time. Then, in 1948, we received a pitiful letter from one of our missionaries in the Santal Parganas. His best catechist, a man of fifty who had been the priest's right hand for many years, showed the early signs of leprosy: the anesthetic white patches. As the poor priest wrote, he could not have felt worse if it had been his own Dad who had been affected. That was too much. Then and there we made up our minds to get some diasone, by hook or by crook. None was yet available in India, so we turned to our friends, the good Catholics of America, and they did not let us down. Soon enough money was collected to start James on the treatment, and he responded wonderfully. In six months his patches began to disappear, and what was even more remarkable, feeling came back in them! I rubbed my eyes when I saw that. It was like seeing a miracle happen right under your own eyes!

After that even the high price could no longer deter us. Anything is cheap if it is life-saving. Quite a few patients used to come to our dispensary regularly, and I promptly switched over to diasone for all of them. Every one of them responded, even the advanced cases, except for those who were apparently 'burnt-out,' in whom the leprosy had been arrested although with an aftermath of crippling. Naturally, even a wonder drug cannot put back fingers and toes. But the others all improved, over a period of six months to a year. Diasone is a pill, taken by mouth, no injections are needed,



It is now possible to control leprosy. Treatment is being made available to such as these.

so it can be taken at home. Regular check-ups are needed, to make sure there is no sensitivity to the drug, and frequent blood-counts are the best means of determining this. Such check-ups also help to keep the patient regular in taking his medicine, for without some outside help he is apt to forget!

This new treatment, easy, painless, and getting cheaper all the time, has brought about a new development in the control of leprosy: it is bringing the early cases to the doctor. For the first time, patients are bringing their children, their relatives, anyone who might have been infected, to be examined and treated. Now they *want* to be diagnosed, whereas before they would hide their illness as long as they could. This alone is such an enormous step forward, that it will change the approach to leprosy. No longer should we be pre-occupied with the advanced patients, the hopeless cripples who wring the heart, but the bulk of

our money and effort should go towards rescuing the *early* cases, those who have hardly any outward signs of the disease, those who can now be cured promptly and easily.

Diasone and the cheaper mother sulfone, DDS, have changed the outlook on leprosy. For the first time since history began, it has become possible to stamp out leprosy, not merely theoretically, but practically and economically. Now is the time to do something about leprosy, something drastic and effective. All our leprosaria must change over, from mainly custodial care of the down-and-outs, to active centers of treatment which will reach the *many* instead of concentrating on the few. Catholics the world over should unite to collect money for DDS and to send out the doctors, nurses and scientists who will give proper medical care to all patients suffering from leprosy. Leprosy must disappear from the face of the earth!



THE DOCTOR'S

HOLY Family Hospital, Monday morning. The Doctor is ready to make rounds.

The patients and their families become familiar with this standard hospital procedure — the doctor's morning visit. They take the opportunity to express their gratitude and present thank-you gifts of fish, rice or flowers. The people are really grateful for the Sisters' care but their emphatic expressions of dislike for hospitals would sometimes lead you to think otherwise. Their ideas are much like the small boy who disapproves of having his face washed but appreciates his mother's attention. And so as we proceed from patient to patient on morning rounds, we often hear a litany of excuses reminding us of the supper feast in the Gospel and the guests who refused invitations because they had married a wife, bought a field or must needs bury their dead.

Death in the family was Vijaya's story last week. Said she, to the Doctor: "I cannot stay any longer because even now my husband's father is being placed upon the pyre." Vijaya left the hospital to attend the funeral. Later that day the "dead" man came to collect a small pan that Vijaya had left in her haste.

But on with the rounds. Ward A . . . "Janki what happened? You just left yesterday morning, didn't you?"

"Doctorji, after I left the hospital I took my bath in the holy

river Ganges and I got a chill so I came back. Please, Doctorji give me some of that medicine that makes me feel warm inside. Give it to me now because I want to go home. My baby needs me."

Janki is like many of our maternity patients. Regardless of their condition they will not stay in the hospital any longer than five days since the sixth day after childbirth is considered the auspicious time for their religious cleansing bath in the Ganges.



Shanti's bed is empty in the next room. Doctor asks the student nurse where she is. It seems that Shanti will return to the hospital in the evening. She couldn't miss her brother's wedding.

Bimla is next and she also wants to go home. "But Bimla, why? You say you still feel so weak and your baby was premature. Both of you should remain for a few more days."

"I have to go," says Bimla. "My

DAILY DOZEN

Sr. M. Hedwig, R. N.

goat has not been milked since I left." We laughed heartily. She has been in the hospital for four days. Doctor advised her to have the goat brought to our yard. She told Bimla that we would milk the goat and she could have the fresh milk twice each day.

Into the isolation ward and our tuberculosis patient asks to leave. Why? "I have been here for two days and I am no better." (after 16 months illness!)

Our next patient has phlebitis. "Doctorji, I don't feel well. I am going home. When I get better, I will come back."

What's this? A patient we don't recognize. No chart. No entry in the admission book. "Who are you and where did you come from?"

"Don't you know me Sisters? Why, just two years ago I was here in this very bed. When I came last night you were having your dinner so I walked in and found my bed and got in. I have been waiting for you. I knew that you would come and find me this morning."

The next patient was admitted at 2 A.M. this morning. She has had a high fever for several days. The chart says that she has taken no fluids during that time and she refuses even water. Says the patient: "my mother-in-law told me that liquids cause more fever so I must not drink anything."

"Bibiji, why don't you eat?" the Doctor asks the next patient.

"If I eat, my dysentery will get

worse so I don't eat."

Fatma is missing from her bed. "Go and get her, nurse, the doctor wants to examine her now."

"But Sister," the student replies, "she went home to lock her house. She remembered all of a sudden that when she left three days ago, the house was opened."

Here is a woman with acute filaria. Yesterday we put blocks under the foot of the bed so that her legs would be elevated and thus the edema might be reduced. But, Sheila's head was now where her feet should be. "Doctorji, I turned around during the night. It is much more comfortable this way. I didn't move the bed at all."

Into the maternity ward. "Sister, I call my baby, 'Padri Babu,' it is my first boy after three girls." (Baby named after H. F. H.'s street address Padri Ki Haveli)



She beams as she shows us the colorful cap and dress her relatives brought. Another happy mother decides on "Hospitalji" so that she will always remember that her baby was born at Holy Family Hospital.

Sita is next with little Ram. Yesterday she had given up hope for her nine months old baby who was very sick with pneumonia. Ram was improving after penicillin injections but not fast enough for Sita. When no one was looking, she slipped out and took the baby to the river. He was ducked in the holy Ganges and the gods were invoked. The cold bath made Ram cry. Sita was so happy to hear him cry as he had been listless and limp before. We listened in silence while the Ganges and the gods instead of penicillin got the credit for Ram's improvement.

One more patient in our pediatric section. Kamla is five years

old. She had a mastoid opened a few days ago. To Doctor's question about pain, Kamla used the popular method of describing the amount of pain in annas. (annas are the pennies of the Indian monetary system.) Today Kamla's pain was 12 annas worth less than yesterday's.

Lakshmi has the first bed in Ward C. "How long have you suffered from this pain in your abdomen?" the Doctor asks.

"Since I came to Bihar," answers Lakshmi.

"When did you come to Bihar?"

"When I was a little girl."

"How old were you then?"

"I don't know, perhaps my father knows."

We proceed from bed to bed until a student nurse rushes into the Ward to tell Doctor to come to the operating room immediately. We will have to finish our rounds later.

NEW HOUSE IN ST. LOUIS



Pioneers of the St. Louis House, l. to r., Sr. M. Mark, Sr. M. Kevin, Sister-in-charge, Sr. M. Thomasina. Sr. M. Bernarda, the fourth Sister, is not in picture.

The Medical Mission Sisters will open a House of Studies in St. Louis this month. It will be a center for our Sister students attending schools in the area. Located in downtown St. Louis at 3905 Westminster Place, the new house can accommodate 12 Sisters. Its establishment promises opportunity for the training of more Sisters for the work of our medical apostolate in the foreign missions.

All of our friends in the vicinity are cordially invited to visit the Society's youngest foundation. We might add that any household items, furniture, etc. will be welcomed by the St. Louis' pioneers.



Men's ward, Holy Family Hospital, Berekum, in African Gold Coast.

TWI TALK about BEREKUM

LAST Sunday Sr. M. Vincent and I went for a short bicycle ride to Jamdede, a little village about a mile from Berekum. In Berekum the children are accustomed to seeing us and will call and wave as we come in sight. However in Jamdede "white folk" are unknown to the young ones and those who did not scream outright ran behind their Mammys.

The homes in Africa are made out of swish (more commonly known as mud) and since there are no doors on the compounds one can't announce one's presence by knocking. However Ashanti etiquette demands that before anyone other than a member of the family enters a compound, he or she goes to the courtyard entrance and calls "ko, ko, ko" and waits for the response before entering. Our "ko, ko, ko" was answered, and we had a very enjoyable visit. It was about 6 p.m. and the women were busy preparing the evening meal—Fu Fu. In the center of the courtyard stood a large pounding bowl with two young girls about seven or eight pounding the Fu Fu while an older member of the family turned the Fu Fu with her fingers. The closest description I could give of

the pounders would be "miniature tree trunks." Sister and I tried our skill at the pounding. I haven't decided whether Sister is stronger than I or whether my pounder was heavier, but I couldn't lift mine above the edge of the bowl!

As we cycled back to the Mission, dusk had set in. Electricity, as you know, is unknown here, but since our own generator was installed, we have electricity in all our buildings, hospital, convent, nurses' home, etc. It was really a picturesque scene as we approached the Hospital.

We have a wonderful group of student nurses and they have come a long way. However, they are subject to the same standards as students in England, and when English is not your mother-tongue it can prove a handicap. When one recalls that before our hospital came to Berekum, the people here had no idea what a nurse was you can appreciate the heights they have scaled. Even as yet there is no word in Ashanti for nurse. They are addressed by the people by an Ashanti term which in English would be translated as "young lady."

Sr. M. deMontfort, R.N.



Sister decides to "paddle her own canoe."



Plaiting palm leaves for a new roof for her home.

THURUTHIPURAM REPORTS

EACH one of our hospitals in India has its own distinctive setting but we here in Thuruthipuram think that our "coconut paradise" is the most picturesque. Surrounded as we are by coconut palms, we are learning a great deal about coconuts and their many uses: the leaf is plaited to make a roof for the homes; the husk is used for fuel; the coconut "hair" is manufactured into a variety of goods; the milk provides drink and the fruit itself is squeezed for oil, cooked, dried and fried to make a hundred different food dishes.

Our people are very poor and the whole family must work to

gain a livelihood. They come to the hospital from the neighboring peninsulas in their small canoes and we continue to average 162 patients each day in our dispensary. The majority of them suffer from worm infestation and deficiency diseases. Many have severe anemia and tuberculosis is rampant. Our requirements for medicine are beyond all description. We give 100 or more injections per day. Our hospital beds are too few to cope with the situation. Many that really need hospitalization just have to wait until there is a vacancy. We could use a hundred more beds easily.

Sr. M. Stephanie, R.N.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of request may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of \$..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

Where there is a will . . .

Sr. M. Bernadette, S. C. M. M.

ONE day a thin looking man was waiting at the Dispensary Door. His face looked very familiar. He said: "Sister-Ji, I'm tired of sitting doing nothing in Mansera Camp. Help me to start a shop."

"What kind of a shop are you thinking of?" I asked.

"I want to open a JUNK SHOP . . . And you must help me," he went on, almost demandingly . . . "I have a family of six children and I must get money to feed them."

Well, I thought, "one must be 'all things to all men,' but to help a man start a Junk Shop — wonder what St. Paul would say?"

Every day after that, Akbar Ali came asking if I had work for him. He usually brought his daughter Sakina, with him. She was lame and could hardly walk, having been crippled with polio. One day, Sakina announced: "Sister Ji, we have our OWN HOME now. We have left the camp." Yes, they had a little dark corner, one room with one tiny window, for eight people . . . their own home. Her father nodded his head. "We have moved and now that the family is settled I could go to work."

What was I to do about this poor man? I prayed to St. Joseph.



Akbar Ali shows Sr. M. Bernadette his new shop.

Finally St. Joseph gave me an idea. I went to Sister and got permission. I could hardly wait for Akbar to come. Then I made a business proposition. "Look Akbar, you can take all the articles that we have discarded from the hospital, twice — two times, free, to start your business. He was beside himself with joy. Off he went to look over the articles. He took EVERYTHING! — old tin cans, broken serais, old baskets, broken beds (they were pretty bad if we threw them away!) That very day he started his second-hand shop.

Akbar, however, came back to report weekly about his business. After some time we were happy to hear that the business was expanding — a second room was added to the first. Our discarded hospital articles did not go to him free any more; I haggled about the price he had to pay me in the approved business manner. But is he grateful? Anything we want repaired, he sees to it, and gets a better bargain than we ever could. He is the hospital's best friend.



A side-walk scene — open air vegetable market.



Medical Mission Sisters' Indian Novitiate.

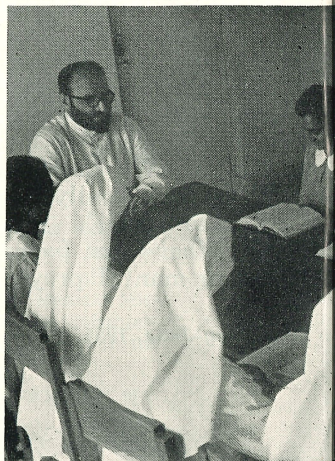
POONA

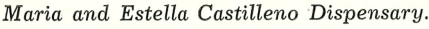
ANCIENT and modern meet on shaws, ox carts and automobiles in narrow lanes crowded with side streets that lead onto broad, blacktop roads where the city is located. The ruins of palaces and temples are architecturally excellent research

Medical Mission Sisters are present in every section, at the base of Parvatis' Hill. Indian towns have come to begin a new life. Sick they will joyfully serve in the hospitals. The hope of our mission hospitals.

Tucked in between shops on the city's other center in Poona. Our doors on March 8th to receive the attention. This is the tenth house of

Scripture classes help prepare





part of this Indian city. In a quiet hills, young women from other India of dedication to God and to the His Name. Our Indian novices are

re novices for the apostolate.



Sr. M. Vincent, R. N., chats with patients.



Indian Mother with Leprosy.

MEDICAL MISSION WORLD

Sr. M. Adelaide, S. C. M. M.

LEPROSY IN INDIA — 1955

At the Fifth All India Leprosy Workers Conference and Second Bi-Ennial Meeting of the Indian Association of Leprologists, held at Jamshedpur, India's steel city, from March 3 to 6, 1955, delegates from all parts of the country met with representatives from Ceylon, Burma, Africa and Singapore, to discuss the disease, leprosy (Hansen's Disease), as it exists today in this part of the Orient. The attention of the two hundred at the Conference was focused on one point — the eradication of leprosy from the country.

There was flashed upon the stage of this medical meeting a vivid picture of the great obstacles with which every worker in this field has to contend — that of the fear and ignorance of the general public, which has carried down through the ages. The social stigma is a barrier which instead of shutting out the disease, helps in its spread.

The Conference opened on a very encouraging and interesting note when a famous plastic surgeon from Vellore told what can

be and is being done to erase the physical deformities which play havoc with the body during the course of the disease, and how these deformities may be avoided. Physical Therapists and social workers spoke of their part in rehabilitating individuals and families back into society. There was an ex-patient present who eloquently told his story. He had worked for the political freedom of his country and had spent time in prison like many well-known leaders. There he contracted leprosy. Declared cured, he now has a position where his work consists of meeting the public. But in getting well he met doctors who were afraid to have anything to do with leprosy, who refused him an injection. Today he still faces embarrassing situations — his children are barred from admission to the local schools, and could not receive an education except for a private academy. He is now working to break down prejudice among his people.

Lt. Colonel Lakshmanan (Di-

rector General of Medical Services for India) then spoke for the Central Government in Delhi, which is determined to combat the disease:

"A recent assessment of the extent of the leprosy problem in India has shown that there are over a million cases of leprosy in the country. It is estimated that there are only one thousand out-patient clinics for treatment, and only 18,500 beds in the existing sanatoria for the hospitalization of patients. The dearth of specially trained personnel to undertake this work, now and in the future, is well known and a concerted action to meet the deficit has to be taken without delay. Leprosy is a common disease and it is essential that every doctor should have some knowledge about it which would enable him to diagnose it readily and undertake suitable treatment. The best way to achieve this would be to lay special emphasis on leprosy in the undergraduate medical curriculum."

Lt. Colonel Lakshmanan in his complete report gave the audience a true picture of the situation and the obstacles India must meet to conquer this one disease. The situation may be summed up as follows: Institutional care is so expensive that it immediately becomes impracticable in India. The known cases average a million, but how many cases are unknown, unsuspected, undiagnosed, untreat-

ed? Emphasis must be placed on treatment since isolation at the present time can only be imposed on the few. Beggars alone create a tremendous problem. To date the Lepers Act of 1898 which was designed to restrict travel has remained unoperative.

In the new Indian social order, caste has been abolished — all men are equal. Of course, it will take time for this to penetrate. In India, medical science is warring against controllable diseases. It will take mass education, mass treatment to control Leprosy.

Sr. M. Adelaide, S.C.M.M.

Miss Helen Keller in India

Miss Helen Keller, the well-known blind and deaf lecturer recently laid the foundation stone of the first sheltered workshop for the blind in Bombay, India. The workshop will employ 100 blind persons at present but by the end of four years, it is expected to provide employment for 200 persons.

Miss Keller told correspondents in New Delhi during her nine-weeks tour of India that the care of the physically handicapped was as much a responsibility of the State as that of the society at large. She said that the handicapped must be trained and educated and allowed to fill in positions for their self-support.

Call of India, March, 1955



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C H



Sr. M. Jane Frances (Akron, Ohio), pharmacist at Patna's Holy Family Hospital with Teresa.

PATNA

We often get involved in some unique discussions with the patients in the dispensary. One morning Teresa, the venerable mother and grandmother of many of our most faithful patients, returned to inquire about the result of her blood examination. She had swathed her right arm in old rags and when I informed her that her blood was all right she nodded emphatically and answered in Hindi, "Of course, it was all right! You took the blood from my left arm but it is my right arm that hurts." Besides having a sore arm Teresa is also very deaf so I soon found myself shouting at the top of my lungs a short lecture on the anatomy of the circulation while the other patients listened, amused at my freak Hindi.

But our students also have their difficulties as many are from South India where they have studied in Malayalam with Hindi and English as second languages.

One morning a Junior nurse came to the dispensary asking for the "thoratoscope." Thinking that she had misunderstood the doctor I offered her the otoscope. But she was adamant, "Doctor wants the thoratoscope," and she added, "to look into a patient's throat." Who would argue that "thoratoscope" is not a better name for a laryngoscope — at least for a young student?

Sr. M. Jane Frances, B.S. Pharm.

DACCA

Recently we drove out to Narayanjanj to see a patient. It was a beautiful drive along the river. The flood had left its mark on all the buildings and in the rutted roads. The little shops are right back in business however, as nothing seems to phase the shopkeepers. Some of the stalls were torn down to widen the thoroughfare; but the very next morning the merchants were squatting in the same spot, minus shops with their small piles of oranges or box of fountain pens on display.

Several weeks ago we went out to the airport to see Governor General Ghulam Mohammed and General Mreza arrive in Dacca. I was speechless with amazement at Pakistan's national military band . . . all decked out in scotch plaid and playing bagpipes true Highlander fashion. Someone told me quite seriously that the bagpipe originated in North India!

Sr. M. Angela, R.P.T.

I T S

RAWALPINDI

We have taken in a woman to work for us. She has seven children, all in steps and her husband is ill with T.B. She has to walk quite a distance to get here by 7 A.M. However, having come to know of her great need, Sr. M. Rosina has arranged for her to come at 8 A.M. We have given her the shoes that came in the boxes from the Motherhouse. We shall give her some clothing, too. She tells me that she has a machine and can sew quite well. She "rented" somebody's coat, at 8 annas (about 10 cents) a week, to wear to work. We still had a few coats from the boxes so now she has one for her own.

She is a plucky, courageous woman. One sometimes hears of the "backwardness" of the Pakistani women . . . yes, in the way of formal education, but in my 13 years here, I have seen real heroism hidden under the burkha.

Did I tell you that we have received 60 cases of cheddar cheese, each weighing 8 pounds, through N.C.W.C., from the U. S. Government. The Pakistanis like it very much. We give it to all our workmen at noontime. Many poor people ask us for some. What a joy to be able to have it to give away. How foolish many people are, not realizing the great joy there is in giving and sharing with the poor. They are missing a great deal in life.

Sr. M. Dolores, R.N.



Sr. M. Karen, R.N. (Rawalpindi) has her hands full.

SANTA FE

There have been a number of visitors since school started. First there was Dr. S. W. Lee. He is from the National Defense Medical Center in Formosa. Another Dr. Lee from Korea, visited us just last month, and was surprised to find two nurses on the staff who had spent some time in Korea not too long ago: Sr. M. Jonathan and Miss Eusebio, just out of the Navy. Dr. Aurelia Tenmatay, and Miss Miligras Blanco, both from Manila stopped to see us on their way back home from studying premature programs all over the world. Miss Agnes Chages, from the Pan American Sanitary Bureau, Washington, D. C., came in on her way back from Mexico City. A student from there, whom the World Health Organization is sponsoring, is here studying midwifery. There was a visitor from El Salvador, a Miss Eggestein, who has worked in that country for four years under WHO and is now returning from a furlough. The University of Minnesota students doing their public health field work spent several days with us.

Sr. M. Michael, R.N.



Dhan Singh says "hello" from St. Mary's.

MUSSOORIE

A few weeks ago I heard a lot of noise on the verandah, and went out to investigate. There was a coolie with a dirty bundle in his arms. He put the bundle on the examining table, and when I removed the rags there was a little boy about five years old in an advanced stage of shock.

It seems that Dhan Singh fell on a sharp stick while he was playing. The stick pierced the abdominal wall and as his father (a dairyhand) pulled the stick from the child's body, the intestines came out with it. Dhan Singh's father carried him in his arms for six miles. It is an uphill climb and must have been an extremely difficult journey.

We operated immediately, but the doctor said peritonitis had already set in. He was very sick for the remainder of the night and next morning, but with continual Penicillin therapy, he was sitting up on the second day and asking for food. Not knowing just what to expect we gave Dhan Singh a banana and some tea. To our sur-

prise he had no trouble at all in digesting the food.

Dhan Singh kept on eating well and improving every day. Since he had no clothes and we had nothing his size, we dressed him in a large baby dress. He was thrilled with everything. At first he was very suspicious and would not eat the candy we gave him, as he thought it was medicine. Neither would he eat bread and jam, but only rice. After a week, he tried the other food, and it was a joy to us to see how much he liked it. As soon as a tray came into the ward, Dhan Singh sat up, hoping to be served first.

When he was allowed out of bed, he still possessed but one garment, and that was a dress. Dhan Singh didn't mind, because he was not used to any more. We took him around to see the various patients, and eventually the solemn little face began to smile.

The day Dhan Singh was to leave, his father left all his empty milk cans here while he went to do some shopping. Immediately the little fellow put all the quart cans on his back and paraded around the hospital. The shopping the father had to do was to buy a Gandhi cap, and with the red cotton suit we made for him, Dhan Singh will surely be the Raja of his village. It is extraordinary how a little undernourished child could make such a wonderful recovery. The father asked us to visit his village and meet all the people.

Sr. M. Vincent, R.N.

WELKOM, SOUTH AFRICA

In the location here, where the natives live, the child death rate is very high. It would be wonderful if we could do something about it, but since this is a hospital for the miners, we cannot admit women and children at present, only

treat a few as out-patients. Imagine treating a child with meningitis as an out-patient! Even our own staff have no real health security for their families. The men are needed for the work, but the few (about 2% in the compounds and 10% in the hospital), who do manage to bring their wives and families have little or no hospital facilities for them. The men, however, are fairly well looked after, although if any chronic or long standing diseases, such as T. B., or heart, are discovered in them they are simply repatriated, that is, sent back to their Kraals as unfit for work.

There is so much work to be done among the natives and so few people with either the sympathy or the means to do it. One feels so inadequate, and yet please God, our small contact with so many does bring some results. For we get patients from all over, as far north as Portuguese East Africa, Nyassaland, and Rhodesia and as far South as the Cape. Some are scared and confused, some old timers, some in trouble, and some embittered. Our turnover is amazing, most of them unused to kindness or consideration and seeing for the first time the standard of a western civilization. Many of them Catholics who would otherwise not receive the Sacraments or make their Easter duties, in all of which lately we have been able to help them.

Sister M. Champion, R.N.

SOLO

We are now in our fifth year here in Solo! And the work is really flourishing. I wish you could visit our hospital in person to see the need of these poor people and what we are able to do to help them. Our out-patient department grows steadily. We rare-

ly have fewer than 100 patients a morning at the clinics. The present hospital is small — only 25 beds and 10 bassinets! The time has come to build, in order to accommodate the many who come.

About half of our in-patients are maternity patients. Some are ill adults. And the rest fill our pediatric ward.

At the moment we have two children, two and three months old, weighing only about $5\frac{1}{2}$ pounds. It is so funny to see the oldest one laugh — he is so small and wrinkled. But he feels well now because he is getting milk and vitamins, instead of only rice and beans or rice and bread.

Another little fellow, almost two years old, came in with greatly swollen, infected eyes. The pus was literally pouring out. Within three days on local Terramycin eye drops, received from Holland, his eyes were perfectly normal. But for the rest, poor child, he was terribly undernourished, with evidence of great weight loss. In only two weeks on a high protein, high vitamin diet, he had already gained about $3\frac{1}{2}$ lbs. and he began to sit up and to laugh and to play. Knowing that this child is going to be a beggar makes one feel the tragedy of ignorance!

Sr. M. Paraclita, M.D.

Our Dutch Medical Mission Sisters from Solo, Java, made a pilgrimage to Our Lady of Sendang Sem.



AT SEA

On March 9th we landed at Casablanca, Morocco. It is a beautiful and strange city, rather modern, with its skyscrapers and modern buildings. We found a Church within walking distance of the ship. It was the cathedral and a most beautiful one. Above the altar is a carved, white statue of Our Lady holding the swaddled Infant, standing on her lap. The statue was very lovely and had simple lines.

We tried to find out about a tour, but there was no such thing. Finally all the passengers together, hired a cab and invited me along for our own tour. It is a contrasting city with its Arabs, Jews, French, Spanish and Americans all living together. The Arab section is very poor and crowded and

in the midst of it lives the Sultan, with his high-walled gardens and palace.

The women in Casablanca wear dresses similar to burkhas with veils across their faces, all that shows is their eyes. Others wear modern European dress. Some of the men wear turbans, others fezzes or woolen caps.

Our ship arrived in Takaradi on the feast of the Annunciation but rough waters made it impossible to unload the cargo so we sailed around to Accra. Sister Marianne who had come to meet me came aboard and got in on the extra ride. When we returned to Takaradi two days later it did not take long to dispatch the luggage. I am now "at home" at Holy Family Hospital, Berekum, Africa!

Sr. M. Patricia, R.N.

Springtime is clean-up time at the motherhouse. "Tippy" supervises the postulants.



DELHI DIARY

WE had some real excitement the other day. Barto, our sweeper woman, came to the hospital late crying with pain. The gardener came running upstairs to get us, crying, "Barto was bitten by a mad dog and it is a serious bite!" Poor Barto sat on the ground shivering, with her leg bleeding. "What time was she bitten?" we asked. Her son was with her and he said at 6:30 A.M. It seems that the dog had been acting queerly already the night before and had bitten two other children whom they had taken to the hospital. We asked the son why he didn't bring her before and he said, "I had to milk the cows!" Later on, we found out that actually, she had gone to deliver a baby first. She is the village midwife and duty called her despite her pain. In the hospital they took eight stitches in her leg and sent us off to another clinic to get the anti-rabies injections. The Doctor said that we could take the vials of anti-rabies injections with us and give them to her at home.

Barto is just a tiny thing and so small that her son could just pick her up and walk away. When we took her back to her home we learned that the villagers had already killed three dogs.

Now we had a chance to practice our public health nursing. We



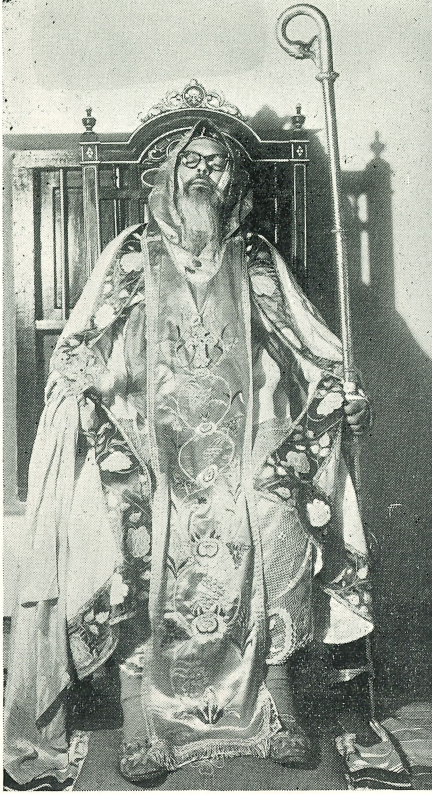
Barto brings her grandchildren to meet Sr. M. Clare.

cycled over the next day and went through all the procedures of giving a 10 cc. injection. What a commotion it caused. I had a hard time trying to teach the villagers how to pour water over my hands. They kept tossing handfuls of water instead. Our coming to them helped to create good relations with the village. The fourteen injections are over now and stitches removed. Barto is well again and happy to be back at work.

Sr. M. Charles, R.N.

R. I. P.

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(Father of Sr. M. Alma, S.C.M.M.)
Miss Florence MacLane, Hollis, N. Y.
Mr. Patrick McKeaney, Phila., Pa.
Mr. Joseph McManus, Phila., Pa.
(Men of Medical Missions)
Miss Mary Meehan, Phila., Pa.
Hon'ble Joseph Murphy, Brooklyn, N. Y.



Indian Apostle of Church Unity

JOSEPH Mar Severios, an apostle of South India's re-united Catholics died last January. His death was a great loss to the Church in Malabar and a personal sorrow to the thousands who called him their Father. Under the leadership of Mar Ivanios, Mar Severios led his flock from the bondage of schism to the feet of Christ's successor in Rome. The reunion of these South Indian Catholics climaxed a struggle which had lasted for over 200 years.

Since our Kottayam house is only 18 miles from Thiruvilla, Sr. M. T. Magdalen and I went to pay our respects and offer our condolences.

We arrived at the Bishop's house and were informed that the body had been taken to the Cathedral where all during the day prayers were recited. We heard the chanting at a distance through a loud-

speaker. Going to the Cathedral, we stood in line in order to come near the body.

It is not customary for the Bishops of this rite to be buried in a coffin. We found the Archbishop sitting erect in an armchair, holding the scepter in his left hand and the cross with which he used to give his blessing, in the right hand. The chair in which he was sitting was placed at one of the side altars and the body was perfectly erect, vested in a red vestment and the little headdress, the re-united Bishops usually wear. It was so life-like. Even his spectacles were left on his nose and he looked quite normal. The eyes were closed as if in sleep. You will see this in the photo, only in the Church the head was not tilted back as it is on the photo.

While we were there, the prayers were still going on and were being chanted by one of the Bishops and answered by the priests. We had been informed that the burial prayers are said eight different times. They are an expression of farewell from the Archbishop to the people whom he had ruled and loved. It is very touching when the text is understood.

The last portion of these prayers is reserved for the burial itself.

As the body is being carried around the text is chanted, starting with a knock on the tabernacle, as if saying good-bye to Our Lord there, then moving to the main door of the Cathedral. From there the procession goes around the Church and at every door there is a halt and a knock, and farewell prayers. From the churchyard the procession goes through the town, with the chair on a specially decorated chariot.

It was explained to us that the body would be buried in the same fashion, sitting erect in the armchair. After the chair is placed in the grave, five or six sacks of in-

cense are emptied over the body. It is completely covered with incense, except the face which is covered with a veil. The golden scepter is replaced by a wooden one which is gilded so that even from the grave he seems to rule and bless his people. The grave is covered with a cement slab.

It was a wonderful experience to see the people's expression of devotion to their much loved Bishop. On our homeward journey Sr. M. T. Magdalen and I reviewed a little Church History. We felt as if we had just witnessed a page of it.

Sr. M. Augustine, S.C.M.M.

BOOK REVIEW

THE THIRD REVOLUTION

By Karl Stern

Harcourt, Brace and Co.

New York, 1954

(306 pages—\$4.00)

Dr. Stern calls his book, "A Study in Psychiatry and Religion." As psychiatrist and convert he can write from the depths of both the mind and the heart of one who has seen and believed.

Although it is eminently readable, you cannot "breeze through" this book. You have to think a little, too. It is not "popular" in the sense of a *Ladies Home Journal* article. It presupposes a certain minimum knowledge of philosophy and psychology or at least the desire for it. The author will find a ready audience among medical students, nurses, seminarians, and students of philosophy, psychology, and religion.

The key to the whole book is contained in this paragraph, which I cannot do better than to quote verbatim: "First, psychoanalysis contains elements which point in

the direction of Christian personalism. In order to see this one has to divest it of the philosophy of its founder, and of all the accretions which have been gathering to imbed it in the current of 'the third revolution.' Second, while no psychological discovery, however startling, can undo or reshape Christian values, on the plane of practical exigencies — in the educational field, in the field of therapy, and so on — those who regard the Gospel as the basis for their lives can only gain from all genuine discoveries."

With excellent examples from the lives of some of the saints, from the lives of patients, and from the lives of people like you and me, Dr. Stern proves his thesis that there is no basic irreconcilable conflict between psychiatry and religion. Perhaps his best chapters are those dealing with "psychiatry and the life of the spirit." I hope he will write more in this vein.

Sr. M. Frederic, M.D.

A little goes a Long Way



WHICH MISSION NEEDS YOUR HELP MOST?

Berekum, Africa

Our "Bush Hospital" needs needles for syringes 1 doz. \$1.98
Also 50 ft. of latex tubing \$6.40

Bharananganam, South India

Altar cards for our Syro-Malabar Hospital chapel would be a pleasing gift to Our Lord \$17.50
A blood counting chamber for the lab is needed \$11.00

Changanacherry, South India

A village hospital in-the-making needs instruments of all kinds—surgical knives, forceps, scissors. Any amount welcome. Nothing too small or too big.

Mandar, India

The medical technician is in the red this month. Who'll help with a repair bill for her colorimeter? \$55.00
Also needed: Glass marking pencil .. \$1.75
Dropping bottles 1 doz. \$5.10
Kahn antigen (25cc) \$6.50

Patna, India

4 x 4" compresses can be made if someone will donate — 2 bolts of gauze ea. \$7.00
A baby scale \$20.00

Karachi, Pakistan

Help speed up service with a Utility cart \$29.75
Nursing bottle basket \$ 5.80
Thermometer basket \$ 4.40

Mymensingh, Pakistan

The doctor needs a percussion hammer, old or new \$ 2.00
The cook, stainless steel hot plates to keep the patient's dinner hot. 12 are needed. ea. \$12.00

Dacca, Pakistan

Holy Family Hospital hopes to have its grand opening any day now. A few more essentials are urgent, such as: Syringes, 2 cc., 5 cc., 10 cc. Two doz. of each kind— \$1.50 a doz.

Rawalpindi, Pakistan

1 (2 piece) rubber funnel \$2.75
Pillows wear out—24 new ones needed. ea. \$4.00

The novices (Phila.) will take all your left over yarn to knit the baby sweaters for Sr. M. Bernadette's BOX in Pindi.

A new Chase Doll for teaching the nurses. Ours is beyond repair \$195.00

Techiman, Africa

Can use 3 x 3 Dressing Jars with covers 1 doz. \$13.80
And a microscope old or new) \$200.00
Second hand O. R. Table (Urgent) and O. B. Table. Any amount towards these, welcome.

Thuruthipuram, South India

"Our need for medicines is beyond all description. We use at least 220 grams of streptomycin per week. 20,000 PAS tablets did not last two months. We need vitamins too." Streptomycin for one patient for one month \$5.00

Here is \$..... for your mission hospitals.

for () RAWALPINDI	() DACC	() MYMENSINGH
() MANDAR	() KARACHI	() TECHIMAN
() BEREKUM	() BEREKUM	() BHARANANGANAM
() DELHI	() THURUTHIPURAM	() CHANGANACHERRY

Name

Address

City Zone State



Heal our Wounds, our Strength Renew . . .

IF someone is sick in the family nowadays, there are very few of us who would think to pray to the Holy Spirit for their recovery. There is little or no connection in modern Christian's minds between the Holy Spirit and the sick. If they think of God's Spirit at all, it is usually in terms of spiritual enlightenment or interior healing. The very fact of our calling this Third Person of the Blessed Trinity by the name, Holy Ghost, is indicative of how far we have removed Him, at least in our thinking, from things material, especially the body and its needs.

BUT this is by no means the true picture of the Church's traditional view of the relationship between the Holy Spirit and the sick. From the earliest times, as testified both in the liturgy and practice of the Church, the Spirit of God has been honored as the great Healer, the great Renewer, the great Life-Giver. "Send forth Thy Spirit, and they shall be created, and Thou shalt renew the face of the earth." It was He Who was invoked, not only to give *new* life, but to *renew* life where it was weak or in danger of being lost. "Heal our wounds, our strength renew . . ."

CONSEQUENTLY, many of the first Christian hospitals were called "de Spiritu Sancto," hospitals of the Holy Spirit. Under His patronage the sick and diseased were to find health and strength again. The sick were considered, in a very special way, the "*faciem terrae*," the "face of the earth" over which the Spirit of the Lord was to cast His shadow and give new life, just as He did in the beginning when darkness was on the face of the deep.

SO it is no mere coincidence that Pentecost Sunday should also be "*Mission Sunday for the Sick*." In the mind of the Church, the sick are still the special charge of the Holy Spirit. To Him the Church prays on this Sunday to "fill the whole earth" with His healing and strength-giving rays so that all the members of Christ's Body may be renewed.

AND for those who must face the cross of incurability, as well as those who share its burden with their sick loved ones, the Church asks that they turn their illness into a most beautiful and acceptable prayer: "Accept, O Almighty Father . . . this tribute of our worship . . . this sickness which we unite with the sufferings of Our Lord in order that we may fill up what is wanting, what is still necessary for the establishment of His Kingdom throughout the world." The sick are given this most extraordinary privilege: through their sufferings to unite themselves to the Holy Father's intentions and to help missionaries plant the Church of Christ in all lands, among all peoples. All their sufferings, both mental and physical, can be like the blood of martyrs, the seed of the Church.

Sr. M. Gerard, S.C.M.M.



"Elementary, my dear Watson"

Dear Friends:

Can you solve MYSTERY STORIES? Here is a good one.
Our family of Medical Missionaries has increased and multiplied.
Our housing has not.

THE PLOT—We have the ground here at the motherhouse on which we would like to build.

THE MYSTERY is—how can we build without sufficient funds?

THE SOLUTION? We look to you. Your sacrifice can "dis-solve" our difficulties. Every dollar will help.

THE REWARD . . . is very great . . . for Christ has said, "Anyone who offers so much as a glass of water in MY NAME . . . will receive a reward."

Gratefully yours in Christ,

Mother Anna Dengel, M. D.

Dear Mother Dengel:

Here is my solution to your MYSTERY story \$.....

Name

Address

City Zone State